



Arkansas Public Employees' Retirement System

**Contributory Election Form**

(In Compliance with Act 742 of 2009)

**I. Member Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Daytime Phone No: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**II. Contributory Election**

I acknowledge that I have reviewed and understand the differences between the contributory and non-contributory provisions of the Arkansas Public Employees' Retirement System (APERS). I elect to participate in the contributory plan effective January 1, 2010; and I understand that as a member of the contributory plan, my employer must submit five percent (5%) of my pre-tax earnings to APERS on my behalf. I understand that after APERS receives this election form, I cannot change my election to participate in the contributory plan and that I will participate in the contributory plan for all of my future employment that is covered under APERS.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. Beneficiary Designation**

If my death occurs before I become vested or if I am vested and have no eligible survivors for survivor benefits, I authorize the APERS Board of Trustees to pay the total amount of my accumulated contributions in the system to the beneficiaries designated below:

Name	Date of Birth	Relation	Address
1) _____			
2) _____			
3) _____			

**Notary Information:** State of \_\_\_\_\_, County of \_\_\_\_\_  
Subscribed and sworn to before me a Notary Public in and for the County and State  
aforesaid, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
Notary Signature: \_\_\_\_\_ Date Commission Expires: \_\_\_\_\_

**IV. Employer Certification**

a. Agency Name: \_\_\_\_\_ b. APERS' Agency Number \_\_\_\_\_

I have been advised that the above referenced employee has chosen to become a contributory member of APERS. I understand that all members' elections under this act are effective January 1, 2010 and that the first employee contributions must be deducted from the employee's pay with the first pay period to be reported to APERS for January 2010. Although the salary is designated as employee contributions, as the employer, we will pay the contributions to APERS and will not give the employee the option to receive the contributed amounts directly instead of having the employer pay them to APERS.

Agency Representative Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency Representative Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**For AASIS Agencies' Use Only**

AASIS Personnel Number: \_\_\_\_\_ AASIS Business Area Number: \_\_\_\_\_